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Centerpoint Advisors, LLC

Financial Planning Questionnaire

The financial planning questionnaire assists us in understanding your financial circumstances and objectives.
This information allows us to suggest a financial strategy that will be tailored to your needs.

Personal Information

Today's date _____

Client's full name _____

Age _____
Date of Birth _____
Retirement Age _____

Spouse's full name _____

Age _____
Date of Birth _____
Retirement Age _____

Contact Information

Mailing Address _____

Telephone _____
Primary Email (Client) _____
Primary Email (Spouse) _____

Notes: _____

Risk

Investment Attitude

Investment Experience

_____ Very Conservative
_____ Conservative
_____ Moderate
_____ Aggressive
_____ Very Aggressive

_____ None
_____ Very Little
_____ Moderate
_____ Significant
_____ Extensive

Insurance

Please provide annual statements for all insurance policies.

Client

Spouse

Permanent life insurance	_____	_____
Term life insurance	_____	_____
Cash values (less loans)	_____	_____
Long-term care insurance	_____	_____

Notes: _____

Income

Please provide copies of recent pay statements and your most recent tax return.

	Client	Spouse
Annual Earned Income (Gross)	_____	_____
Annual Increase Rate (%)	_____	_____
Qualified Plan Contributions (401k, 403b, etc.)	_____	_____
Employer Match	_____	_____
Pre-Tax Deductions (Medical, Dental, etc.)	_____	_____
	_____	_____
	_____	_____
Other Deductions	_____	_____
	_____	_____
	_____	_____
Federal Income Tax	_____	_____
Social Security Tax	_____	_____
Medicare Tax	_____	_____
State Income Tax	_____	_____
Annual Net Income	_____	_____

Notes: _____

Pension

	Client	Spouse
Anticipated Annual Amount (Gross)	_____	_____
Beginning at Age	_____	_____
Anticipated Annual Increase Rate (%)	_____	_____
Survivor Benefit (%)	_____	_____

Notes: _____

Social Security

Please establish accounts at www.ssa.gov to access your recent Social Security benefit statements and earnings history.
Please provide your recent Social Security benefit statements.

	Client	Spouse
Anticipated Annual Amount (Gross)	_____	_____
Beginning at Age	_____	_____
Anticipated Annual Increase Rate (%)	_____	_____
Survivor Benefit Amount	_____	_____

Notes: _____

Assets

Please list your cash savings, investments, property, and personal assets.

Liquid Cash Assets

	Ownership	Current Market Value	Location	Annual Additions
Savings Account				
Money Market Account				

Investment Assets

Please provide recent statements for all investment and retirement accounts.

	Ownership	Current Market Value	Location	Annual Additions

Personal Assets

	Ownership	Current Market Value	Location	Property Cost Basis
Primary Residence				
Vacation Home				
Automobile 1				
Automobile 2				
Jewelry				
Personal Property				
Art & Collectibles				

Notes: _____

Expenses

Please estimate monthly or annual figures for living expenses related to shelter, food, clothing, transportation, insurance, bills, etc. You may find the Expense Budget Worksheet below helpful in assisting you with these estimations.

Personal Property Expenses

Monthly

Annual

Rent or Mortgage Payment (Principal & Interest)
Property Taxes
Mortgage Insurance
Tenant's or Homeowner's Insurance Premiums
Automobile Loan Payments
Automobile Insurance Premiums
Auto Operating & Maintenance
Credit Card Payments
Personal Loan Payments

Household Expenses

Monthly

Annual

Food & Household Incidentals
Clothing & Personal Items
Health & Beauty
Club Memberships
Restaurants and Dining Out
Entertainment
Vacations
Books, Newspapers, Subscriptions
Home Furnishings & Goods
Cable, Internet, Home Phone
Cell Phone
Electric
Heat, Oil, Gas
Water & Sewer
Landscaping
Snow Removal
Property Improvements & Upkeep
Domestic Help, Cleaning Services
Childcare Expenses & Daycare
Babysitting
Pet / Animal Supplies
Miscellaneous Household Expenses

Health Insurance & Medical Expenses

Monthly

Annual

Life Insurance Premiums
Medical Insurance Premiums
Dental Insurance Premiums
Pet Insurance Premiums
Other Insurance Premiums
Medical Expenses
Dental Expenses
Veterinary Expenses

Other Expenses

Monthly

Annual

Notes: _____

Additional Future Income / Expenses

Please list any sources of additional cash inflows (sale of property, etc.) or expenses (new auto purchase, home remodeling, etc.) anticipated in the near future.

Income / Expense Description	Amount (today's \$)	Annual Inflation	Beginning in Year	Duration (# years)

Notes: _____

Mortgage & Loan Details

Please provide information on the terms of any outstanding debt.

Please provide recent statements for all outstanding loans.

Description	Loan Origination / Refinancing Details			Outstanding Loan Amount	Term Remaining	Property Value
	Date	Amount	Rate			
Primary Residence Mortgage						
Home Equity Loan						
Home Equity Line of Credit						

Please note if you are making any extra payments in addition to the minimum due monthly.

Notes: _____

Family Care Expenses

Please list any anticipated expenses pertaining to the ongoing or future care and financial support of special needs or elderly family members.

Description	Amount (today's \$)	Annual Inflation	Beginning in Year	Duration (# years)

Notes: _____

Education Savings

Please list all education savings and any ongoing annual additions.

Account Type & Beneficiary	Ownership	Current Market Value	Location	Annual Additions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes: _____

Education Funding

Please list all current and expected annual education expenses, including primary, secondary, and higher education expenses.

Beneficiary & Type of Education Funded	Amount	Annual Inflation	Beginning in Year	Duration (# years)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes: _____

Professional Contacts

Please provide contact information for the following professionals and advisors (if applicable).

CPA

Name _____
Firm _____
Business Address _____

Telephone _____
Email _____

Notes:

Estate Attorney

Name _____
Firm _____
Business Address _____

Telephone _____
Email _____

Notes:

Insurance Agent

Name _____
Firm _____
Business Address _____

Telephone _____
Email _____

Notes:

Other

Name _____
Firm _____
Business Address _____

Telephone _____
Email _____

Notes:

